

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G674	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 05/15/2012
NAME OF PROVIDER OR SUPPLIER LIFE DESIGNS INC			STREET ADDRESS, CITY, STATE, ZIP CODE 1922 LIMESTONE DR ELLETTSVILLE, IN 47429		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W0000	<p>This visit was for an annual recertification and state licensure survey.</p> <p>Survey dates: May 9, 10, 11, 14 and 15, 2012.</p> <p>Facility number: 009347 Provider number: 15G674 AIM number: 100239630</p> <p>Surveyor: Steven Schwing, Medical Surveyor III</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 5/21/12 by Ruth Shackelford, Medical Surveyor III.</p>	W0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W0104	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on record review and interview for 2 of 4 clients in the sample (#3 and #6), the governing body failed to exercise operating direction over the facility to ensure: 1) client #6 did not pay for his own haircut and 2) there was a policy/procedure to address conducting inventories of the clients' (#3 and #6) personal possessions.</p> <p>Findings include:</p> <p>1) A review of client #6's finances was conducted on 5/10/12 at 3:32 PM. On 6/6/11, client #6 paid \$14.00 from his checking account for a haircut. There was no documentation in his checking account indicating the facility reimbursed client #6 for the cost of the haircut.</p> <p>A review of the facility's policy on the Management of Individual's Funds, dated 3/19/12, was conducted on 5/14/12 at 12:45 PM. The policy indicated, "LIFE Designs, Inc. will pay for basic hair cutting services for all individuals. Services in addition to a basic haircut (coloring, styling, perms, highlights, extensions, etc.) will be paid for by the individual requesting the services."</p>	W0104	<p>LifeDesigns, Inc. is committed to having a governing body to exercise operating direction over the facility. The Director of Residential Services will revise the Policy for Management of Individual Funds to address Personal Property Inventories to be kept in Sections 5-7 and maintained by the CLM quarterly or as needed. The Program Director will ensure completion through routine audits. These audits will be on file at the LifeDesigns, Inc. office. This revision will be completed by June 6th, 2012. QAC will retrain CLMs on appropriate money withdrawl documentation ensuring withdrawals and returned change are accounted for. This training will be completed by June 6th, 2012. A copy of the training sheet will be on file at the LifeDesigns, Inc office. Receipts or receipts of reimbursement will be obtained for all balances unaccounted for with receipts during the time of the survey. This will be completed prior to June 6th, 2012 with documentation on file at the LifeDesigns, Inc office.</p>	06/06/2012			

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	<p>An interview with the Program Director (PD) was conducted on 5/10/12 at 3:47 PM. The PD indicated the facility should pay for the client's basic haircut. The PD indicated he was unable to locate documentation verifying client #6 was reimbursed for the haircut.</p> <p>2) A review of the clients' finances was conducted on 5/10/12 at 3:32 PM. -Client #3: On 11/28/11, there was a withdrawal of \$500.00 from client #3's checking account. The transaction description indicated "shopping." The facility was unable to provide a receipt for the items purchased. On 12/7/11, there was a withdrawal of \$162.00 from client #3's checking account. The transaction description indicated "withdraw." The facility was unable to provide a receipt or documentation verifying where the money was spent.</p> <p>Client #3's Personal Property Inventory, dated 7/22/11, was not updated after she spent money on 11/28/11 and 12/7/11.</p> <p>-Client #6: On 10/17/11, there was a withdrawal of \$500.00 from client #6's checking account for "shopping." The facility was unable to provide a receipt or documentation where the money was spent. On 11/17/11, client #6 spent</p>						

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	<p>\$536.41 at [name of local store]. The facility was unable to provide a receipt for the transaction. On 11/28/11, there was a withdrawal of \$500.00 from his checking account for "shopping." The facility was unable to provide a receipt or documentation where client #6 spent his money. On 2/1/12, client #6 had a withdrawal of \$500.00 from his checking account. There was no description of the transaction. The facility was unable to provide a receipt or documentation indicating where the money was spent.</p> <p>Client #6's Personal Property Inventory, dated 2/1/11, was updated. The form indicated "11/11" however it could not be determined if this occurred on 11/11/11 or November 2011. The inventory was not updated after client #6 spent \$500.00 on 2/1/12.</p> <p>The facility was requested to provide the policy/procedure addressing personal property inventories. The facility did not provide this information.</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 5/14/12 at 10:58 AM. The QMRP indicated the Personal Property Inventory forms should be updated annually and when purchases were made.</p>				

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	<p>An interview with the Program Director (PD) was conducted on 5/14/12 at 10:58 AM. The PD indicated the Personal Property Inventory forms should be updated annually.</p> <p>9-3-1(a)</p>			

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W0140	<p>483.420(b)(1)(i) CLIENT FINANCES</p> <p>The facility must establish and maintain a system that assures a full and complete accounting of clients' personal funds entrusted to the facility on behalf of clients.</p> <p>Based on record review and interview for 3 of 4 clients in the sample (#2, #3 and #6), the facility failed to account for the clients' personal money.</p> <p>Findings include:</p> <p>A review of the clients' finances was conducted on 5/10/12 at 3:32 PM.</p> <p>-Client #2: On 3/23/11, client #2 had a balance of \$715.20. Between 3/23/11 and 8/16/11, there was no documentation of transactions. On 8/16/11, client #2's balance was documented as \$1007.45. On 8/23/11, client #2's balance was \$899.45. There was no documentation indicating a description of the changes in the amounts of client #2's balance.</p> <p>-Client #3: On 11/28/11, there was a withdrawal of \$500.00 from client #3's checking account. The transaction description indicated "shopping." The facility was unable to provide a receipt for the items purchased. On 12/7/11, there was a withdrawal of \$162.00 from client #3's checking account. The transaction description indicated "withdraw." The facility was unable to provide a receipt or documentation verifying where the money</p>	W0140	LifeDesigns, Inc. is committed to maintaining an accurate accounting for clients' personal money and belongings. The Director of Residential Services will revise the Policy for Management of Individual Funds to address Personal Property Inventories to be kept in Sections 5-7 and maintained by the CLM quarterly or as needed. The Program Director will ensure completion through routine audits. These audits will be on file at the LifeDesigns, Inc. office. This revision will be completed by June 6th, 2012. QAC will retrain CLMs on appropriate money withdrawal documentation ensuring withdrawals and returned change are accounted for. This training will be completed by June 6th, 2012. A copy of the training sheet will be on file at the LifeDesigns, Inc office. Receipts or receipts of reimbursement will be obtained for all balances unaccounted for with receipts during the time of the survey. This will be completed prior to June 6th, 2012 with documentation on file at the LifeDesigns, Inc office.	06/06/2012			

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	<p>was spent.</p> <p>-Client #6: On 6/18/11, the balance in client #6's checkbook register indicated \$746.32. The next entry, dated 8/23/11, indicated the balance was \$1010.10; there was no documentation to indicate the change in the amount. On 10/17/11, there was a withdrawal of \$500.00 from client #6's checking account for "shopping." The facility was unable to provide a receipt or documentation where the money was spent. On 11/17/11, client #6 spent \$536.41 at [name of local store]. The facility was unable to provide a receipt for the transaction. On 11/28/11, there was a withdrawal of \$500.00 from his checking account for "shopping." The facility was unable to provide a receipt or documentation where client #6 spent his money. On 2/1/12, client #6 had a withdrawal of \$500.00 from his checking account. There was no description of the transaction. The facility was unable to provide a receipt or documentation indicating where the money was spent.</p> <p>A review of the facility's policy on the Management of Individual's Funds, dated 3/19/12, was conducted on 5/14/12 at 12:45 PM. The policy indicated, "Actual receipts shall be obtained for all purchases... All individual spending (activities, gifts and needs) where the disbursement exceeds \$50.00 must be</p>				

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	<p>requisitioned by the [home manager] and signed by the Program Director. Disbursement requisitions in excess of \$100.00 must also be signed by the CFO/Director of Finance also... An investigation will be completed anytime there is a discrepancy in client funds." The facility did not provide documentation of receipts and requisitions for purchases over \$100.00 signed by the Program Director and CFO/Director of Finance. The facility did not conduct investigations into the discrepancies noted in clients #2, #3 and #6's checking accounts.</p> <p>An interview with the Program Director (PD) was conducted on 5/14/12 at 10:58 AM. The PD indicated the facility was unable to locate documentation/receipts for the money withdrawn from clients #2, #3 and #6's checking accounts. The PD indicated the facility had not accounted to the \$.01 for the clients' money.</p> <p>An interview with the Quality Improvement Director (QID) was conducted on 5/14/12 at 10:58 AM. The QID indicated the facility should account to the \$.01 for the clients' money. The QID indicated the facility was not able to locate receipts for the clients' purchases.</p> <p>9-3-2(a)</p>						

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W0149	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p> <p>Based on record review and interview for 1 of 4 incident/investigative reports reviewed affecting client #3, the facility failed to implement their policies and procedures to ensure investigations were conducted for: 1) client to client abuse at the workshop and 2) discrepancies noted in clients #2 and #6's checking accounts.</p> <p>Findings include:</p> <p>1) A review of the facility's incident/investigative reports was conducted on 5/9/12 at 1:19 PM. The facility did not provide an incident/investigative report to review involving client #3 and a male peer at the workshop.</p> <p>A review of client #3's record was conducted on 5/11/12 at 10:14 AM. In the record, an incident report was located indicating on 11/8/11 at 8:00 AM, client #3 was grabbed around the neck and thrown to the floor by a male peer. Client #3 skinned her elbow and banged the back of her head on the concrete floor. She refused an assessment at the time but later allowed the staff to check her. Staff did not find a bump on her head. An</p>	W0149	LifeDesigns, Inc is committed to maintaining and implementing investigation policies. QDDP will provide a copy of LifeDesigns, Inc.'s Abuse and Neglect Policy to provide information on reporting of incidents needing to be investigated. Signed documentation that this policy was received will be on file at the LifeDesigns, Inc. office.QDDPs, CLMs, and PDs have been trained to report any discrepancies in personal finances to the appropriate administrator for investigation. A copy of this training sheet will be on file at the LifeDesigns, Inc. office.	06/08/2012			

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	<p>email from the workshop supervisor to the Qualified Mental Retardation Professional (QMRP), dated 11/8/11 at 3:02 PM was attached to the report in client #3's record. The email indicated, "...However, a bit later she came back and no bumps were found on her head. It was shortly thereafter your staff came to get her and took her to the dr (doctor)."</p> <p>A review of the facility's Investigative Incident Report Process, dated 2/6/12, was conducted on 5/9/12 at 1:52 PM. The policy indicated, "People receiving services must not be subjected to abuse by anyone, including, but not limited to, facility staff, peers, consultants or volunteers, family members, friends or other individuals." The policy indicated, "The Lead Investigator under the direction of the Quality Improvement Director will: g. Complete a comprehensive report utilizing the approved format within 72 hours (3 days), of the incident...". The Quality Improvement Director will: b. Ensure each investigation is thorough, all documentation is included in the incident fill, signed by the Administrators."</p> <p>An interview with the Program Director (PD) was conducted on 5/11/12 at 10:54 AM. The PD indicated he was not aware of the incident. The PD indicated the</p>						

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	<p>group home did not conduct an investigation and he was not aware of the workshop conducting an investigation.</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 5/11/12 at 10:54 AM. The QMRP indicated an investigation should have been conducted. The QMRP indicated peer to peer physical aggression should always be investigated.</p> <p>2) A review of the clients' finances was conducted on 5/10/12 at 3:32 PM. -Client #2: On 3/23/11, client #2 had a balance of \$715.20. Between 3/23/11 and 8/16/11, there was no documentation of transactions. On 8/16/11, client #2's balance was documented as \$1007.45. On 8/23/11, client #2's balance was \$899.45. There was no documentation indicating a description of the changes in the amounts of client #2's balance. An audit was conducted, as evidenced by "Audit 12/30/11 [first name and first letter of staff's last name of finance department staff]."</p> <p>-Client #6: On 6/18/11, the balance in client #6's checkbook register indicated \$746.32. The next entry, dated 8/23/11, indicated the balance was \$1010.10; there was no documentation to indicate the change in the amount. On 10/17/11, there</p>						

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	<p>was a withdrawal of \$500.00 from client #6's checking account for "shopping." The facility was unable to provide a receipt or documentation where the money was spent. On 11/17/11, client #6 spent \$536.41 at [name of local store]. The facility was unable to provide a receipt for the transaction. On 11/28/11, there was a withdrawal of \$500.00 from his checking account for "shopping." The facility was unable to provide a receipt or documentation where client #6 spent his money. On 2/1/12, client #6 had a withdrawal of \$500.00 from his checking account. There was no description of the transaction. The facility was unable to provide a receipt or documentation indicating where the money was spent. An audit was conducted, as evidenced by "Audit 12/30/11 [first name and first letter of staff's last name of finance department staff]."</p> <p>A review of the facility's incident/investigative reports was conducted on 5/9/12 at 1:19 PM. The facility did not provide incident/investigative reports to review the discrepancies noted in clients #2 and #6's checking accounts.</p> <p>A review of the facility's policy on the Management of Individual's Funds, dated 3/19/12, was conducted on 5/14/12 at</p>			

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	<p>12:45 PM. The policy indicated, "Actual receipts shall be obtained for all purchases... All individual spending (activities, gifts and needs) where the disbursement exceeds \$50.00 must be requisitioned by the [home manager] and signed by the Program Director. Disbursement requisitions in excess of \$100.00 must also be signed by the CFO/Director of Finance also... An investigation will be completed anytime there is a discrepancy in client funds." The facility did not provide documentation of receipts and requisitions for purchases over \$100.00 signed by the Program Director and CFO/Director of Finance. The facility did not conduct investigations into the discrepancies noted in clients #2, #3 and #6's checking accounts.</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 5/15/12 at 9:10 AM. The QMRP indicated the facility should investigate discrepancies noted in the clients' accounts.</p> <p>An interview with the Program Director (PD) was conducted on 5/14/12 at 10:58 AM. The PD indicated the facility was unable to locate documentation/receipts for the money withdrawn from clients #2, #3 and #6's checking accounts. The PD</p>			

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	<p>indicated the facility had not accounted to the \$.01 for the clients' money.</p> <p>An interview with the Quality Improvement Director (QID) was conducted on 5/14/12 at 10:58 AM. The QID indicated the facility should account to the \$.01 for the clients' money. The QID indicated the facility was not able to locate receipts for the clients' purchases. On 5/15/12 at 9:24 AM, the QID indicated the facility should investigate discrepancies noted in the clients' accounts.</p> <p>9-3-2(a)</p>				

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W0154	<p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on record review and interview for 1 of 4 incident/investigative reports reviewed affecting client #3, the facility failed to ensure an investigation was conducted for: 1) client to client abuse at the workshop and 2) discrepancies noted in clients #2 and #6's checking accounts.</p> <p>Findings include:</p> <p>1) A review of the facility's incident/investigative reports was conducted on 5/9/12 at 1:19 PM. The facility did not provide an incident/investigative report to review involving client #3 and a male peer at the workshop.</p> <p>A review of client #3's record was conducted on 5/11/12 at 10:14 AM. In the record, an incident report was located indicating on 11/8/11 at 8:00 AM, client #3 was grabbed around the neck and thrown to the floor by a male peer. Client #3 skinned her elbow and banged the back of her head on the concrete floor. She refused an assessment at the time but later allowed the staff to check her. Staff did not find a bump on her head. An email from the workshop supervisor to</p>	W0154	LifeDesigns, Inc is committed to maintaining and implementing investigation policies. QDDP will provide a copy of LifeDesigns, Inc.'s Abuse and Neglect Policy to provide information on reporting of incidents needing to be investigated. Signed documentation that this policy was received will be on file at the LifeDesigns, Inc. office.QDDPs, CLMs, and PDs have been trained to report any discrepancies in personal finances to the appropriate administrator for investigation.	06/08/2012	

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	<p>the Qualified Mental Retardation Professional (QMRP), dated 11/8/11 at 3:02 PM was attached to the report in client #3's record. The email indicated, "...However, a bit later she came back and no bumps were found on her head. It was shortly thereafter your staff came to get her and took her to the dr (doctor)."</p> <p>2) A review of the clients' finances was conducted on 5/10/12 at 3:32 PM. -Client #2: On 3/23/11, client #2 had a balance of \$715.20. Between 3/23/11 and 8/16/11, there was no documentation of transactions. On 8/16/11, client #2's balance was documented as \$1007.45. On 8/23/11, client #2's balance was \$899.45. There was no documentation indicating a description of the changes in the amounts of client #2's balance. An audit was conducted, as evidenced by "Audit 12/30/11 [first name and first letter of staff's last name of finance department staff]."</p> <p>-Client #6: On 6/18/11, the balance in client #6's checkbook register indicated \$746.32. The next entry, dated 8/23/11, indicated the balance was \$1010.10; there was no documentation to indicate the change in the amount. On 10/17/11, there was a withdrawal of \$500.00 from client #6's checking account for "shopping." The facility was unable to provide a</p>			

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	<p>receipt or documentation where the money was spent. On 11/17/11, client #6 spent \$536.41 at [name of local store]. The facility was unable to provide a receipt for the transaction. On 11/28/11, there was a withdrawal of \$500.00 from his checking account for "shopping." The facility was unable to provide a receipt or documentation where client #6 spent his money. On 2/1/12, client #6 had a withdrawal of \$500.00 from his checking account. There was no description of the transaction. The facility was unable to provide a receipt or documentation indicating where the money was spent. An audit was conducted, as evidenced by "Audit 12/30/11 [first name and first letter of staff's last name of finance department staff]."</p> <p>A review of the facility's incident/investigative reports was conducted on 5/9/12 at 1:19 PM. The facility did not provide incident/investigative reports to review the discrepancies noted in clients #2 and #6's checking accounts.</p> <p>A review of the facility's policy on the Management of Individual's Funds, dated 3/19/12, was conducted on 5/14/12 at 12:45 PM. The policy indicated, "Actual receipts shall be obtained for all purchases... All individual spending</p>						

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	<p>(activities, gifts and needs) where the disbursement exceeds \$50.00 must be requisitioned by the [home manager] and signed by the Program Director. Disbursement requisitions in excess of \$100.00 must also be signed by the CFO/Director of Finance also... An investigation will be completed anytime there is a discrepancy in client funds." The facility did not provide documentation of receipts and requisitions for purchases over \$100.00 signed by the Program Director and CFO/Director of Finance. The facility did not conduct investigations into the discrepancies noted in clients #2 and #6's checking accounts.</p> <p>An interview with the Program Director (PD) was conducted on 5/11/12 at 10:54 AM. The PD indicated he was not aware of the incident of client to client abuse. The PD indicated the group home did not conduct an investigation and he was not aware of the workshop conducting an investigation.</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 5/11/12 at 10:54 AM. The QMRP indicated an investigation should have been conducted. The QMRP indicated peer to peer physical aggression should always be investigated. An</p>			

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	<p>interview with the QMRP was conducted on 5/15/12 at 9:10 AM. The QMRP indicated the facility should investigate discrepancies noted in the clients' accounts.</p> <p>An interview with the Quality Improvement Director (QID) was conducted on 5/14/12 at 10:58 AM. The QID indicated the facility should account to the \$.01 for the clients' money. On 5/15/12 at 9:24 AM, the QID indicated the facility should investigate discrepancies noted in the clients' accounts.</p> <p>9-3-2(a)</p>			

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W0227	<p>483.440(c)(4) INDIVIDUAL PROGRAM PLAN The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section.</p> <p>Based on observation, record review and interview for 1 of 4 clients in the sample (#3), the facility failed to ensure client #3 had a plan to address her refusals to cooperate with the optometrist.</p> <p>Findings include:</p> <p>A review of client #3's record was conducted on 5/11/12 at 10:14 AM. On 9/1/11, client #3 refused her appointment at the optometrist. On 10/27/11, client #3's appointment was "aborted d/t (due to behavior." The form indicated the next appointment was scheduled for 11/3/11; there was no documentation an appointment was attempted. On 12/8/11, the consult form indicated, "Pt (patient) was only seen by student. I was unable to perform any tests." On 4/12/12, client #3 refused the appointment. Her Replacement Skills Plan (RSP), dated 2/18/12, or her record did not contain a desensitization plan for participating in optometry appointments. There was no documentation in her record indicating a successful optometrist appointment had occurred.</p>	W0227	LifeDesigns, Inc is committed to ensuring plans to address refusals to cooperate in appointments. The QDDPs and PDs were retrained on plans to address these issues. A copy of this training sheet will be on file at the LifeDesigns, Inc office. A plan has been developed to address Client #3's refusals. A copy of this plan will be on file at the LifeDesigns, Inc office. Group home staff have been trained on the implementation of this plan. A copy of this training sheet will be on file at the LifeDesigns, Inc office.	06/06/2012			

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	<p>An interview with the Program Director (PD) was conducted on 5/14/12 at 10:58 AM. The PD indicated there should be a plan to address client #3's refusals to participate in optometry appointments.</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 5/14/12 at 10:58 AM. The QMRP indicated there was no documentation in her record indicating a successful appointment had occurred.</p> <p>An interview with the Quality Improvement Director was conducted on 5/14/12 at 10:58 AM. The QID indicated there should be a written plan for client #3 attending optometry appointments.</p> <p>9-3-4(a)</p>				

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W0249	<p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, interview and record review for 2 of 7 clients living in the group home (#1 and #2), the facility failed to ensure staff implemented their program plans as written.</p> <p>Findings include:</p> <p>1) An observation was conducted at the group home on 5/11/12 from 5:57 AM to 7:56 AM. At 6:41 AM, client #1 was in the dining room eating his breakfast unsupervised. At 6:44 AM, client #1 finished eating his breakfast (toast, juice, and oatmeal). Client #1 was not supervised while eating breakfast.</p> <p>A review of client #1's record was conducted on 5/14/12 at 2:15 PM. Client #1's Replacement Skills Plan (RSP), dated 1/14/12, indicated the following, "Fluids should be locked up and staff should not have drinks out while working on the floor due to [client #1] being diagnosed with Psychogenic Polydipsia, which is a self-stimulatory behavior</p>	W0249	<p>LifeDesigns, Inc is committed to ensuring that plans are implemented as written. The QDDP will add to #1's RSP under OCD that he is to be supervised during meals and to indicate that he is to recieve his coffee approximately 10 minutes prior to work. The QDDP will train all group home staff on the revisions by 6/8/12. A copy of this training sheet will be on file at the LifeDesigns, Inc office. The QDDP will retrain group home staff on Client #2's dietary guidelines and RSP for food related concerns by 6/8/12. A copy of this training sheet will be on file at the LifeDesigns, Inc office.</p>	06/08/2012			

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	<p>where [client #1] will drink fluids to the point of vomiting and could also cause a seizure and death. [Client #1's] fluid intake should be closely monitored to ensure electrolytes stay within normal range. He may have 100 ounces of liquid per day. [Client #1] also has obsessions with food. While other clients are making their lunch for the next day, [client #1] may steal the food. Foods other than those on the daily menu and free foods should be locked up due to [client #1] constantly seeking out food." The plan indicated he had the following targeted behavior, "Obsessive Compulsive Disorder: defined as inappropriate head/body dunking other than hand washing, seeking out coffee/drinks, spitting, rocking hard, blowing on his fingers, stealing drinks/food from others, eating inappropriate parts of food (stems, peelings, seeds, raw meat)... If [client #1] spits during a meal, cue him to stop. If he continues, explain to [client #1] that if he doesn't stop he can be finished with his meal. [Client #1] will be offered his meal again in 5 minutes."</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 5/14/12 at 10:58 AM. The QMRP indicated client #1 had an informal goal addressing client #1 eating too fast and needing to take small bites.</p>			

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	<p>An interview with the Program Director (PD) was conducted on 5/14/12 at 10:58 AM. The PD indicated client #1 should be monitored during meals.</p> <p>2) An observation was conducted at the group home on 5/10/12 from 4:20 PM to 6:16 PM. At 4:59 PM, client #2 ate a granola bar. Client #2 then obtained a spoon and served himself pudding from a serving bowl in the refrigerator in the kitchen. At 5:02 PM, client #2 got more pudding out of the refrigerator and served himself. At 5:03 PM, client #2 obtained more pudding from the serving bowl in the refrigerator. The Program Director (PD) prompted client #2 to follow his diet after the third bowl. The PD indicated client #2 was on a no concentrated sweets diet and the pudding was for a dessert after dinner. Client #2 ate the pudding. At 6:00 PM, dinner started. At 6:06 PM, client #2 signed for more food. Staff #1 indicated he had eaten his portion for dinner but he could have pudding. Client #2 stood at the table and ate his pudding. Staff were not observed to offer client #2 a bath, redirect him from the kitchen, communicate, social story, or exercise.</p> <p>A review of client #2's Replacement Skills Plan (RSP), dated 1/27/12, was conducted on 5/11/12 at 9:15 AM. The</p>						

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	RSP indicated, "Many of [client #2's] current behaviors revolve around food. Behaviors include regurgitation, food stealing and PICA. When [client #2] comes home from his day program and dinner is cooking, [client #2] will get loud and over stimulated over the sight/smell of food. Staff should redirect him away from the kitchen because of safety concerns with the stove. A good de-escalator is having [client #2] take a calming bath which takes his mind off of dinner being cooked... Try to encourage him to use his sign language or choice book or boards to ask for food if he is hungry. If he asks for food offer him 'free foods' first; if he asks for something specific he may have it in small quantity if available. If given the chance [client #2] would eat food constantly, so when meals are not being prepared foods that are not on the day's menu should be locked up in the garage refrigerators as well as the downstairs storage room. This helps decrease [client #2's] obsession with food." The Proactive Techniques section of the RSP indicated, "Ensure [client #2] follows his daily schedule and is aware of upcoming meal times as well as control over his day. Read Social Story - 'Asking for Food.' Although [client #2] should be allowed to have 'free food' try to teach [client #2] to first complete current activity then food. Ensure [client #2] has			

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	<p>access to preferred activities (toys, balls, weed eater cord). Encourage daily exercise of minimum 30 minutes daily. Prior to coming home from workshop have [client #2's] snack set up on the kitchen table to decrease food obsessions. Encourage [client #2] to use his signs and PEC choice boards or any other forms of expression. Prior to eating, drinking, going outside have [client #2] give the appropriate sign. Teach him 'first _____ (activity) then _____ (preferred activity)'. Ensure [client #2] has access to a reasonable amount of 'free food.' Allow [client #2] to make choices to obtain control over situations."</p> <p>Client #2's Nursing Care Plan, dated 3/23/12, indicated he was on a 1500 calorie, low cholesterol and low fat diet.</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 5/14/12 at 10:58 AM. The QMRP indicated the staff should have read to client #2 the social story for "Asking for food." The QMRP indicated the pudding should have been prepared and then stored in the locked refrigerator in the garage until it was ready to be served.</p> <p>An interview with the Program Director (PD) was conducted on 5/14/12 at 10:58</p>			

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	<p>AM. The PD indicated the staff should have implemented client #2's RSP as written.</p> <p>3) An observation was conducted at the group home on 5/11/12 from 5:57 AM to 7:56 AM. At 6:44 AM, client #1 signed "coffee" to staff #7. Staff #7 indicated to client #1 he could have coffee before work. At 7:07 AM, client #1 signed "coffee" to staff #8. Staff #8 redirected client #1. At 7:20 AM, client #1 signed "coffee" to staff #8. Staff #8 indicated to client #1 he could have coffee before leaving for work. At 7:26 AM, client #1 signed "coffee" to staff #8; staff #8 indicated to client #1 he needed to wait. Client #6, the last client to eat breakfast, finished eating at 7:20 AM. At 7:36 AM, client #1 ran into the kitchen and was redirected to the living room. At 7:41 AM, client #1 ran into the kitchen. Staff #7 redirected client #1 to the living room. At 7:53 AM, client #1 received his coffee.</p> <p>A review of client #1's record was conducted on 5/14/12 at 2:15 PM. Client #1's Replacement Skills Plan (RSP), dated 1/14/12, indicated the following, "[Client #1] has a fascination with coffee, soda and other drinks. [Client #1] makes decaffeinated coffee in the morning, prior to work. [Client #1] is asked to wait until everyone has had their breakfast with</p>						

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	<p>milk and juice before he has his coffee. If [Client #1] takes his peer's drink then he cannot have coffee." A review of a note posted on the refrigerator, undated and untitled, indicated the following, "1st Everyone eats 2nd [client #6] drinks his coffee 3rd [client #1] gets his coffee as long as [client #1] only drinks his own drinks!"</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 5/14/12 at 10:58 AM. The QMRP indicated client #1 had a written plan for when he gets his coffee. The QMRP indicated there was a schedule for when client #1 was to receive his coffee.</p> <p>9-3-4(a)</p>			

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W0260	<p>483.440(f)(2) PROGRAM MONITORING & CHANGE At least annually, the individual program plan must be revised, as appropriate, repeating the process set forth in paragraph (c) of this section.</p> <p>Based on record review and interview for 1 of 4 clients in the sample (#6), the facility failed to ensure his program plan was revised annually.</p> <p>Findings include:</p> <p>A review of client #6's record was conducted on 5/11/12 at 11:25 AM. His Individual Support Plan (ISP) was dated 3/9/11. There was no documentation in client #6's record indicating his ISP was revised annually.</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 5/14/12 at 10:58 AM. The QMRP indicated client #6's ISP should have been revised annually.</p> <p>9-3-4(a)</p>	W0260	LifeDesigns, Inc is committed to ensuring that all individuals receive a new plan at least annually and as needed. QDDPs were retrained By March 22nd on completing annual plans. A copy of this training sheet is on file at the LifeDesigns, Inc office. Client #6's plans were revised and the annual was held by May 23rd, 2012. A copy of this plan will be filed at the LifeDesigns, Inc office.	06/08/2012			

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W0312	<p>483.450(e)(2) DRUG USAGE Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed.</p> <p>Based on record review and interview for 1 of 4 clients in the sample (#2) and one additional client (#1), the facility failed to ensure their Replacement Skills Plans (RSP) included a plan of reduction for each psychotropic medication.</p> <p>Findings include:</p> <p>A review of client #2's record was conducted on 5/11/12 at 9:15 AM. His RSP, dated January 2012, indicated he was prescribed Trazodone for self-injurious behavior and tantrums. The RSP indicated the plan of reduction for the medication was, "If occurrences decrease to 3x (times) per month for 6 consecutive months, an IDT (Interdisciplinary Team Meeting) will be called to discuss moving the targeted behavior to informal tracking." There was no plan to reduce Trazodone. Client #2's Nursing Care Plan (NCP), dated 3/23/12, indicated client #2 was prescribed psychotropic medications Trazodone and Restoril (to assist with sleep). The NCP and RSP did not have a</p>	W0312	LifeDesigns, Inc is committed to ensuring that Replacement Skills Plans include plans of reduction for each psychotropic medications. The QDDP has revised program plans to ensure all psychotropic medications have a medication plan of reduction. A copy of these plans will be on file at the LifeDesigns, Inc. office.	06/08/2012	

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	<p>plan of reduction for the Trazodone and Restoril.</p> <p>A review of client #1's record was conducted on 5/14/12 at 2:15 PM. Client #1's RSP, dated 1/14/12, indicated he was prescribed Luvox (obsessive compulsive disorder) and Risperdal (impulsivity). The plan of reduction indicated, "If occurrences decrease to 3 times per month for 6 consecutive months and (sic) IDT will be called to discuss moving the targeted behavior to informal tracking." Client #1's RSP did not contain a plan of reduction for his psychotropic medications.</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 5/11/12 at 9:20 AM. The QMRP indicated there was no plan of reduction for Trazodone and Restoril. The QMRP indicated the guardian did not want Trazodone reduced however she indicated this was not documented. The QMRP indicated she was not aware Restoril was a psychotropic medication. On 5/15/12 at 9:10 AM, the QMRP indicated the clients' plans should have a plan of reduction for each psychotropic medication.</p> <p>An interview with the Quality Improvement Director (QID) was</p>						

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	<p>conducted on 5/15/12 at 9:14 AM. The QID indicated the clients' plans should have a plan of reduction for each psychotropic medication.</p> <p>9-3-5(a)</p>				

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W0331	<p>483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs.</p> <p>Based on record review and interview for 1 of 3 non-sampled clients (#1), the nurse failed to ensure the Replacement Skills Plan and Nursing Care Plan matched in regard to a fluid restriction amount per day.</p> <p>Findings include:</p> <p>A review of client #1's record was conducted on 5/14/12 at 2:15 PM. Client #1's Replacement Skills Plan (RSP), dated 1/14/12, indicated the following, "Fluids should be locked up and staff should not have drinks out while working on the floor due to [client #1] being diagnosed with Psychogenic Polydipsia, which is a self-stimulatory behavior where [client #1] will drink fluids to the point of vomiting and could also cause a seizure and death. [Client #1's] fluid intake should be closely monitored to ensure electrolytes stay within normal range. He may have 100 ounces of liquid per day." Client #1's Nursing Care Plan (NCP), dated 3/29/12, indicated the following on page 4, "Monitor and document fluid intake daily. [Client #1] should have 64 to 80 oz. daily." On page 9, the NCP indicated, "IDT</p>	W0331	LifeDesigns, Inc. is committed to ensuring that Nursing Care Plans and Replacement Skills Plans match. The nurse has revised the Nursing Care Plan to reflect the fluid restriction of 100 oz. A copy of this Nursing Care Plan will be on file on at the LifeDesigns, Inc office.	06/08/2012			

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	<p>(Interdisciplinary team) has met and has agreed for [client #1] to receive a limit of 100 oz (ounces) of fluids per day including 2 c (cups) of coffee in AM (morning) and 1 c of coffee w/HS (bedtime) snack as he enjoys this and is currently with no weight or polydipsia-weight related issues."</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 5/15/12 at 9:10 AM. The QMRP indicated client #1's plans should indicate the same amounts for his fluid restriction.</p> <p>An interview with the Quality Improvement Director (QID) was conducted on 5/15/12 at 9:14 AM. The QID indicated the RSP and NCP should match in regard to his fluid restriction amounts.</p> <p>An interview with the nurse was conducted on 5/15/12 at 9:45 AM. The nurse indicated the fluid restriction amounts in each plan should match.</p> <p>9-3-6(a)</p>				

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W0440	<p>483.470(i)(1) EVACUATION DRILLS The facility must hold evacuation drills at least quarterly for each shift of personnel. Based on record review and interview for 7 of 7 clients living in the group home (#1, #2, #3, #4, #5, #6 and #7), the facility failed to ensure one evacuation drill was conducted quarterly for each shift.</p> <p>Findings include:</p> <p>A review of the facility's evacuation drills was conducted on 5/10/12 at 3:19 PM. During the day shift (6:00 AM to 2:00 PM), there were no drills conducted since 11/23/11. During the night shift (10:00 PM to 6:00 AM), there were no drills conducted since 12/20/11. This affected clients #1, #2, #3, #4, #5, #6 and #7.</p> <p>An interview with the Program Director (PD) was conducted on 5/10/12 at 3:28 PM. The PD indicated there should be one drill per shift per quarter.</p> <p>9-3-7(a)</p>	W0440	<p>LifeDesigns, Inc is committed to ensuring that drills are conducted appropriately at least quarterly for each shift of personnel. To ensure compliance of drill completion the PD revised the drill form to include clearly defined check box to indicate Day, Evening, and Overnight shifts and times. This new form was implemented in the group home after training was completed with the CLM. A copy of this training sheet will be on file at the LifeDesigns, Inc office. Ongoing monitoring will be done by the PDs at least one time monthly during their routine audits.</p>	06/08/2012	

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W0460	<p>483.480(a)(1) FOOD AND NUTRITION SERVICES Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.</p> <p>Based on observation, interview and record review for 2 of 7 clients living in the group home (#1 and #2), the facility failed to ensure staff encouraged the clients to follow their prescribed diets.</p> <p>Findings include:</p> <p>An observation was conducted at the group home on 5/10/12 from 4:20 PM to 6:16 PM. At 4:41 PM, client #1 sat down at the dining room table and ate a jello from a single serving package. At 4:42 PM, client #1 ate a dinner roll. At 4:43 PM, staff #1 observed client #1 eating a dinner roll and stated he "stole" a dinner roll. At 4:59 PM, client #2 ate a granola bar. Client #2 then obtained a spoon and served himself pudding from the refrigerator in the kitchen. At 5:02 PM, client #2 got more pudding out of the refrigerator and served himself additional pudding. At 5:03 PM, client #2 obtained more pudding from the serving bowl in the refrigerator. The Program Director (PD) prompted client #2 to follow his diet after the third bowl. The PD indicated client #2 was on a no concentrated sweets diet and the pudding was for a dessert after dinner. Client #2 ate the pudding.</p>	W0460	LifeDesigns, Inc. is committed to ensuring that clients are encouraged to follow their prescribed diets. The QDDP will train staff on following and implementing diets. Training will include educating individuals on appropriate servings and staff redirection of individuals when additional servings are not listed in dietary guidelines. This training will be completed by June 8th, 2012. A copy of the training sheet will be on file at the LifeDesigns, Inc. office. Monthly mealtime observations will be completed by the nurse and QDDP.	06/08/2012			

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	<p>At 6:00 PM, dinner started. At 6:04 PM, client #1 served himself a third roll during dinner (total of 4 dinner rolls counting the one he ate prior to dinner). Staff #1 indicated to client #1 he could try again next time. At 6:06 PM, client #2 signed for more food. Staff #1 indicated he had eaten his portion for dinner but he could have pudding. Client #2 stood at the table and ate his pudding. At 6:10 PM, client #1 ate another dinner roll. Staff #1 indicated he could try again next time.</p> <p>A review of the facility's menu, dated week 1, 2/23/10, was conducted on 5/10/12 at 4:25 PM. The menu indicated the following was to be served for dinner: 3 ounces of baked chicken, 2 tablespoons of gravy, 1 baked sweet potato, 1 cup of green beans, 1 dinner roll, 1 teaspoon of margarine, 1/2 cup of pudding parfait and 1 cup of skim milk.</p> <p>A review of client #1's record was conducted on 5/14/12 at 2:15 PM. Client #1's Nursing Care Plan (NCP), dated 3/29/12, indicated client #1 was on a regular diet with low fat, low cholesterol, no concentrated sweets diet. The NCP indicated client #1 could have seconds at lunch only.</p> <p>A review of client #2's record was conducted on 5/11/12 at 9:15 AM. Client</p>			

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	<p>#2's NCP, dated 3/23/12, indicated he was on a 1500 calorie, low cholesterol and low fat diet.</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 5/14/12 at 10:58 AM. The QMRP indicated client #2 should not have received pudding as a dessert after dinner due to client #2 eating the contents of the serving bowl prior to dinner. The QMRP indicated client #1 should not have eaten any additional rolls during dinner since he ate one prior to dinner.</p> <p>An interview with the PD was conducted on 5/14/12 at 10:58 AM. The PD indicated the staff should have prompted the clients of healthy choices when the clients ate additional food not on the menu. The PD stated the staff "missed the education piece" when indicating to the clients they could try again (to follow their diets) next time.</p> <p>9-3-8(a)</p>				